

## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

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### **What matters versus what's the matter – exploring perceptions of person-centred practice in nursing and physiotherapy social media communities: a qualitative study**

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## **What matters versus what's the matter – exploring perceptions of person-centred practice in nursing and physiotherapy social media communities: a qualitative study**

### **ABSTRACT**

**Background:** Person-centred practice (PCP) is advocated internationally across multiple healthcare contexts and professions. Originating in nursing and medicine, its enactment in physiotherapy requires careful consideration.

**Aims and Objectives:** to explore perceptions of PCP within nursing and physiotherapy online social media communities to gain insight into differences and similarities in how PCP may be enacted professionally.

**Methods:** A large, online focus group was undertaken through an international tweet chat within the existing social media communities: WeNurses and Physiotalk. Participants were fully informed before participation. Tweets from the hour-long tweet chat plus 15 minutes were downloaded via Symplur. Analysis was undertaken using Interpretative Phenomenological Approach with consideration of group development of insight and meaning. Tweets were analysed if by nurses and physiotherapists, related to the research aim, and interpretable.

**Results:** 233 of 504 tweets were analysed, by 38 nurses and 23 physiotherapists. Four themes are discussed here: 1. Relationship between professionals and patients, 2. Perceptions of who holds the power, 3. Treating the condition not the person, and 4. Impacts of organisational demands. Nurses and physiotherapists were seen to share many perceptions of person-centred practice, with the latter demonstrating a focus on informed decision making and education to empower. Discussion also showed a biomedical approach was often taken by physiotherapists. Patient privacy was highlighted by nurses. Explanatory theory was produced to incorporate the views of physiotherapists alongside established perceptions of PCP from nursing literature, expanding insights into profession-specific applications.

**Conclusions:** Perceptions of PCP described by participants were generally supportive of previous PCP frameworks. Insights suggested some physiotherapists may perceive their professional role in a way that is not completely consistent with PCP; this would benefit from further exploration. The importance of education to empower patients within collaborative

relationships was emphasised in relation to physiotherapy and may represent key aspects of the role.

#### IMPLICATIONS FOR PRACTICE:

- Discussion supported many similarities in the perceptions of PCP between nursing and physiotherapy online communities that resonate with existing frameworks, including prioritisation of what matters to the patient and empowerment through relationship, and the barriers to this resulting from structures and cultures within workplaces.
- Participants from both professions emphasised the importance of focusing on the beliefs, values and priorities of the person, in development of a collaborative relationship, with shared decision making.
- Physiotherapists involved in the tweetchat placed additional emphasis on the need to empower patients through education, to enable greater participation in informed and shared decision making.
- Tweets suggested that there are risks to the enactment of PCP among physiotherapists. Some may focus on the condition rather than the person, and view the professional as expert with greater power in the therapeutic relationship.

KEYWORDS: person-centred practice; nursing; physiotherapy; qualitative; perceptions; social media

#### INTRODUCTION

Ensuring that healthcare is person-centred is an increasing priority internationally, advocated by the World Health Organisation (WHO) and their strategy for People Centred and Integrated Health Services (2015), the Department of Health's National Service Framework for Older People (2001) and the Scottish Government's 2020 vision (2013). In the United Kingdom acute hospital trusts were instructed to provide services aligned with person-centred principles by the National Institute for Health and Clinical Excellence (2018). It is easy to become lost in the wealth of information around patient-centred practice, person-centred practice and person-

centred care. The term person-centred has been chosen over patient centred because the word patient is associated with the “patriarchal” model of care where things are done to and not with people (Owen, 2013). McCormack et al. (2010, p.13) define person-centredness as *“An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, people and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development”*. Leplege et al. (2007) has similar definitions of person-centred principles, stating patients are people and should not be viewed and treated according to disease alone. He states their situation, subjective experiences and future goals also need to be considered. McCormack and McCance. (2006; 2016) further develop these principles in relation to person-centred practice (PCP, including fostering of person-centred relationships between patients, those people important to them, and care providers within supportive cultures. Within PCP, professionals should acknowledge patients as equal partners in the development of their care, focusing on the person at the centre of the planning, development, implementation and evaluation of care (Victorian Government Department of Human Services, 2006; De Silva, 2014; Royal College of General Practitioners, 2014).

The uptake of PCP has been particularly well established in nursing communities (McCormack and McCance, 2006). Kitson et al. (2013) discuss how most insight regarding PCP comes from nursing, medical and mental health professionals, producing various models and theories. Different conceptual models and frameworks have developed from different contexts, which may not be applicable across all healthcare journeys and across different professions, including physiotherapy. While models focusing on person-centredness in healthcare initially focused on primarily medical and nursing contexts, and acute settings (Mead and Bower, 2000; Hobb, 2009), the Person-Centred Practice Framework aims to be applicable across healthcare settings (McCormack and McCance, 2016). This was developed from the initial Person-Centred Nursing Framework by McCormack and McCance (2006) through an iterative process that combined two existing conceptual frameworks. This framework (McCormack and McCance, 2016) includes four key constructs. Prerequisites are attributes of the professional that enable PCP,

including professional competence, interpersonal skills, commitment, knowing the self and having clarity in relation to beliefs and values. The physical and organisational environment in which care is delivered is crucial, requiring systems that are supportive and facilitate appropriate skill mix, shared decision-making innovation and risk taking, power sharing, and effective staff relationships. Person-centred processes are enabled through pre-requisites and environment, including: enabling care which works with the person's beliefs and values, a sympathetic presence, engagement, shared decision-making, and holistic care. The outcomes are satisfaction with care, involvement with care, feelings of well-being, and a therapeutic culture. Evidence supports PCP as improving wellbeing and team working care providers, resulting in an improved care experience for patients (Pope, 2012; Binnie and Titchen, 1999); achieving this complex interplay of systems and person-development is challenging, however. A change in mind-set of both healthcare professionals and patients is necessary, alongside changes at organisational and strategic levels (Garbett and McCormack, 2002; Richards et al., 2015).

Evidence suggests that PCP can be delivered effectively in practice. Results of a recent Cochrane systematic review indicate that when a person-centred approach was compared with usual care, improved physical and psychological health and self-management capability resulted (Coulter et al., 2015). The challenges of implementing PCP require further research that considers different settings and professions (Harkness, 2005; De Silva, 2014; Harding et al., 2015). The Chartered Society of Physiotherapy (CSP) expects its members to have a person-centred approach (Owen, 2013). Section 3.1 of the Code of Professional Values and Behaviour expects members to put the needs of service users at the centre of their decision making, while the CSP Quality Assurance Standards state that members should provide information to enable service users to participate fully in their own care (Section 4.3) (CSP, 2011; 2012). These specific points could be argued to align clearly with patient-centred, rather than person-centred practice, focusing more on the quality of patient-clinician interactions (Levinson et al., 2010). While this focus on communication and building trust is extremely important, there is a risk that patient centered practice focuses too much on the person and their condition, without looking beyond this (Ekman et al., 2011). For example, this may neglect consideration of the

values and needs of the person and people in his/her life. There is an indication of the wider context of PCP within the CSP Quality Assurance Standards with Section 4.2 stating that members should respect service users as individuals and place them at the centre of service planning and physiotherapy management (CSP, 2012). The CSP instructs members to take a person-centred approach to practice and specifies some aspects of this, however, further guidance on how to achieve this in different practice contexts would be beneficial.

There are no frameworks for PCP developed by or specifically for physiotherapists and Mudge et al. (2014) states that within physiotherapy contexts the core principles of PCP are at an early stage and there is a need for further research. Clearly this is an area of thinking that has concerned Nursing more than Physiotherapy, and a lack of inter-professional learning and discussion may have contributed to this. Exploring nurses' and physiotherapists' perceptions of PCP in an inter-professional discussion would give both valuable insights and learning. A focus on people's perceptions is important - Dijksterhuis and Bargh (2001, p.3) indicate that "perception is for doing. It is our best action guidance and control device." Understanding perceptions gives insight into how people are likely to behave. This would, therefore, give an indication of how existing models of PCP may be enacted within physiotherapy and whether further clarification and development of insights within the profession are needed.

Considering the international drivers towards PCP (WHO, 2015; Scottish Government, 2013), it is valuable to consider study designs that enable global perspectives to be sought, a difficult proposition without substantial funding. An accessible means to achieve this is through the use of social media as it enables connections between people and communities internationally. Unsurprisingly, its role in research is rapidly growing. One social media platform which can facilitate international discussion is Twitter – one of the most popular microblogging platforms (Vicari, 2017). Social media platforms such as twitter allow a wider reach to participants. Twitter has been proven as an invaluable tool for extending professional reach, offering a forum for pre-planned discussions and information sharing between peers (BJOT and #OTalk, 2016). People communicate through 'tweets' - statements ('micro-blogs') of up to 140 characters in length; these can provide links to further more in-depth content and may be 're-



tweeted' by other users who wish to promote the statement and / or links further. Content can be categorised and collated by using hashtags, allowing users to follow subjects of interest and contribute to discussions (Bolderston et al., 2018). Therefore a label starting with “#” is included in a tweet to indicate the topic or group of interest that enables other users who are interested to find all tweets containing the same hashtag, for example, #WeMDT.

Twitter is a forum that enables freedom of expression, giving rise to valuable qualitative data surrounding people's perceptions and opinions. By its nature, Twitter is an appropriate platform for collecting qualitative data, as users' tweets are usually an expression of how they think and feel about a certain topic (La Rosa, 2013). Live Twitter events called tweet chats have been useful in discussions on specific healthcare topics such as patient and practitioner experiences (Hewis, 2015; Bolderston et al., 2018, Richardson et al., 2016) as well as during global health events (Young et al., 2017, Lazard et al., 2015). A tweetchat is a live Twitter event, usually moderated and focused around a general topic. People can make use of 'TweetDeck' which is a social media dashboard that enables them to follow the specific tweetchat more easily. Therefore a pre-planned, synchronous tweetchat via Twitter presents the opportunity for an international focus-group discussion.

The aim of this study is to explore perceptions of PCP within nursing and physiotherapy online social media communities and to develop insights into how PCP can be enacted in different professional contexts, particularly physiotherapy. This study also adds to the body of knowledge in relation to methods for conducting and analysing data produced through a pre-planned tweetchat.

## METHODS

Qualitative methods were selected as appropriate to gain insight into the thoughts, feelings and opinions of participants, allowing an understanding of the meaning that people attribute to their experiences (Sutton and Austin, 2015). We argue that this gives an indication of

perception, interpreting this as awareness that is interpreted in different ways (English Oxford Living Dictionaries, 2018). A phenomenological approach was taken to focus on diverse socially-constructed perceptions and understanding of PCP through analysis of the words of participants. Within this approach we aimed to reflect on and be transparent about our own perspectives where possible, accepting the researcher's role in meaning-making but prioritising representing the thoughts of participants, increasing credibility (Grbich, 1999; Lopez and Willis, 2004). Data collection was conducted through a large, online focus group in the form of a pre-planned tweetchat via Twitter. It is important to note that the understanding of phenomena being explored is therefore influenced by the dynamic discussion both with the leader of the focus group and between participants (Palmer et al., 2010). The Interpretative Phenomenological Analysis (IPA) approach was selected as a framework for considering the data, which allows the researcher to have indirect access into the lived experiences of participants following the interpretation of first-hand accounts and explore how they make sense of this (Smith 1996; Smith et al., 2009).

### Study context

The research team consisted of an initial collaboration of researchers with a primary interest in PCP (BM, SD, CB) and use of social media in the development of professions (JT, NV). The different expertise represented enabled exploration of an important topic in a novel way: exploring perspectives relating to PCP in a large online focus group within a pre-planned tweetchat. Exploration of how to apply IPA methods of analysis to data collected through this tweetchat was developed with a group of undergraduate physiotherapy students within their final year projects (AW, CE, VM, RS, KS). They collaboratively engaged in development of novel analysis methods under supervision (CB) and with feedback from the wider team. This collaboration was highly constructive and benefited from positive engagement within the wider research team and from the WeNurses and physiotalk international online communities.

### Participants

The initial research team obtained ethical approval for the study from the relevant Higher Education Institution. The research team took the view that when planning a prospective exploration of people's views, they should be appropriately informed prior to participation, and given the opportunity to carefully consider participation.

The WeNurses and physiotalk online communities were provided with information about the tweetchat and its research purpose two weeks before through their websites and repeated tweets. On their websites information was also provided in relation to the topic and questions, following the usual style before each fortnightly tweetchat run by the online communities, with optional preparatory reading and the questions that would be posed during the discussion. In the research study information, people were informed about how their tweets would be analysed and that they could email after the tweet chat to ask for any of their tweets to be withheld from analysis. All participants were made aware that taking part in the Tweetchat implied consent to take part in the research and a clear statement to that effect was stated on the website.

### Procedure

On the 16<sup>th</sup> February 2017 a tweetchat was conducted with the WeNurses and physiotalk online communities as a large, international focus group that used a semi-structured topic guide which focused on perceptions of PCP, using the hashtags #physiotalk, #wenurses, #WEMDT. The pre-study information, as well as the full transcript of the tweet chat are available on the WeCommunities website at: <http://wecommunities.org/tweet-chats/chat-details/29>.

Participants were asked to introduce themselves at the beginning of the TweetChat, and to state whether their contribution was from the perspective of a Nurse, Physiotherapist or other.

The tweet chat lasted one hour and was conducted in English between 20:00 and 21:00 (GMT), with an allowance of 15 minutes at the end to receive all contribution to the conversation. The chat was hosted by BM using five questions provided prior to the tweetchat as a focus, with subsequent questions guided by the participants' responses. JT and NM also supported the chat

as ‘sweepers:’ people who provide a primarily administrative role in moderating the discussion by reminding participants of questions, the time remaining, and the need to use the appropriate hashtag. Where people had not used the appropriate hashtag, the ‘sweepers’ retweeted them to be included in the discussion. They also provided a role relating to ethical conduct of the discussion, ready to intervene if the nature of tweets became unconstructive, although no intervention was needed in this discussion. At the start of the tweetchat people were asked to introduce themselves and indicate whether they would call themselves a nurse, a physiotherapist, a service user, or anything else. Subsequently the key questions for the tweetchat were:

- 1) What do you think person-centred practice is?
- 2) Do you feel that this is something Nurses / Physiotherapists do?
- 3) Do you feel anything gets in the way of person-centred practice?
- 4) Do you feel anything makes it easier?
- 5) How do we protect the personhood of persons in our practice?

In retrospect, questions two to three may have been better phrased in a more open-ended manner, however, on analysis it was apparent that participants responded as if they had been open-ended.

#### Data management and analysis

The tweet chat responses were collated into a transcript via [www.simplur.com](http://www.simplur.com) and entered into an Excel database, with each tweet numbered in turn to enable auditability during analysis. At this point, tweets were highlighted in relation to whether they were posted by someone identifying (at the start of the tweetchat or on their public profile) as a nurse, as a physiotherapist, or other. Tweets were included if they were relevant to the chat topic and posted by people identifying themselves as a nurse or a physiotherapist. While interesting, tweets by service users and other professionals were not analysed for this article. Further reasons for excluding tweets are summarised in Table 1.

→ Insert Table 1

Analysis was conducted using the IPA framework, with the five key analysts aiming to understand what participants' views were from their words in short, 148-character tweets. Prior to the tweetchat one team member (CB) felt some skepticism about the potential to convey meaning, and to connect ideas, in a single tweet. It became apparent that people who participate regularly in tweet chats develop a very concise writing style and use abbreviations to conserve characters. IPA is both descriptive and interpretative and exploits the principles of ideography to provide an in-depth analysis of each participant (Pietkiewicz and Smith, 2014). The researchers' goal was to understand the participants' experiences empathetically whilst also critically evaluating the underlying meaning of the response. It is important to note that when using IPA in a group context, it is important to consider interactional aspects of the data, with the likelihood that perceptions and views may develop and evolve through the course of the discussion (Philips et al., 2016). There is increasing application of IPA to focus groups as this enables exploration of a broad range of views; this is particularly relevant where participants are already used to discussing their experiences in a group, which is the case for the WeNurses and physiotalk online communities (Dunne and Quayle, 2000; Earle et al., 2005; Sternheim et al., 2011). This does necessitate an additional level of analysis relating to the context in which meaning was negotiated, through looking at the interactions within the group as well as individual experiences.

The analysis process is summarised in Figure 1. This process was carried out by an analysis team, which required a great deal of transparent and tracked communication. Early stages of reading and re-reading, with labelling of ideas within each tweet were carried out individually and then discussed. Theme development was undertaken through group discussion, and then these themes were applied to the full transcript by all analysts. Each analyst kept a reflexive journal throughout the process, which helped them to keep analysing their views in relation to the study and the ideas emerging from the data, and recognise the impacts that they were or might be having. This increased credibility in the analysis: communication between analysts was

deeper and meaning-making more collaborative and transparent. All meetings of the analysis team as well as meetings with the more experienced researcher (CB) were voice-recorded to ensure that all members had ongoing access to decisions, insights, and discussions. The research team also showed the analysis results to BM as the tweetchat host to gain further perspectives on the analysis and enhance dependability and credibility.

→ Insert Figure 1

## RESULTS

There were 79 participants who engaged in the tweet chat, with a total of 504 tweets, 223 of which met the inclusion criteria for analysis. 38 Nurses participated and generated 86 of these tweets, while 23 physiotherapists generated 137 of the included tweets. Analysis generated four overarching themes that related clearly to the research aim and are presented here. These were:

1. Relationship between professional and patient;
2. Perceptions of who holds the power;
3. Treating the condition not the person; and
4. Impacts of organizational demands in healthcare delivery.

These overarching themes are explained in turn, with their sub-themes, with inclusion of tweets that provide both evidence and illustration. The linkages between themes are then explored, with development of explanatory theory.

### Overarching Theme 1. Relationship between professional and patient

Tweets within this theme represented the greatest volume of material and similar quantity of tweets from both nurses and physiotherapists. Participants identified what they perceived as core values and priorities underpinning PCP, grouped as themes in table 2. Throughout the

tweetchat emphasis was placed on developing the relationship between the professional and patient. Collaboration between both parties was described as key in to enabling the professional to learn what matters to the person and ensure that they are respecting these priorities. One person tweeted: 'It's about teasing out what matters to pt, goals, motivators, desires, driving forces, strengths and what they need support with.' Another person emphasised 'placing the individual at the centre of care and working together 2 create goals.'

Facilitating the person to lead their own care through making informed decisions was also prioritised; one person stated that professionals have an important role in: 'empowering the patient to make informed decisions about their health.' Another person advocated 'ensuring the individual has all wishes and values respected and also involvement and decisions are fully agreed.'

At least one participant from each profession expressed an opinion that fell into each subtheme. Physiotherapists were more vocal in relation to informed decision making, education to empower and shared priorities. Tweets that related to a respect for privacy and the patients' values and beliefs were posted more by nurses.

→ Insert Table 2

## Overarching Theme 2. Perceptions of who holds the power

This overarching theme emerged as participants vocalised their feelings on where 'power' and ultimately the decision making lies within healthcare, and the aspects that may affect who has this power. Tweets from physiotherapists were more prevalent in this discussion. Five subthemes (Table 3 below) emerged from the perceptions of participants on the involvement of patients in their own care and what may aid or hinder this.

There were some tweets that had nuances of the professional as the expert and having the control, for examples, referring to ensuring that the patient is 'on board with treatment,' and

‘allowing them to take control.’ There was discussion around the difficulty that professionals can have with negotiation of this relationship: ‘Choice has so many connotations with power and we are bad at giving away our power.’

One person indicated that patients may lack the confidence to ‘take power’ and another person felt that expectations of patients also make a big difference. For example, one person tweeted that for some patients ‘their individual choice is that someone else makes a decision for them.’ This showed clear linkages to Theme 1, as empowerment through information and education were advocated, as one person tweeted: ‘Education +. Can give patients all the choices in the world but doesn’t mean much if they don’t know what it means. #informeddecisionmaking.’

This overarching theme raised a challenging area of practice about the influence of power on PCC and a tension between initial expectations of both professional and patient, that requires negotiation and potentially empowerment to enable any reevaluation of these expectations and increase confidence to facilitate engagement in the decision-making process.

→ Insert Table 3

### Overarching Theme 3. Treating the condition not the person

This overarching theme is made up of four themes and was more of a focus for discussion among physiotherapists. It described a scenario where practice was more practitioner-led, with more of a focus on ‘what’s the matter,’ suggesting a priority placed on the specific reason for seeking support, or the person’s condition. One person described a self-reflective process in response to a patient’s comment: ‘Thought I was very p-c with my care until pt told me no one asked him what he wanted, often assume home is the goal.’

A further dimension of this overarching theme related to overprotection of the patient through such practitioner-led strategies, possibly due to being risk-averse through focusing too much on the person’s condition; it was viewed as having potential to encourage dependence: ‘taking so



much independence away w this' and '(we) want to protect, but become so risk averse that we actually harm.' This links with the previous overarching theme in relation to the power dynamic, as it highlights possible damage from the professional claiming too much power in the therapeutic relationship, which could discourage self-management: 'very easy to disable through too much doing.'

→ Insert Table 4

#### Theme 4. Impacts of organisational demands in healthcare delivery

This overarching theme delved into the perceptions of how PCC is currently being delivered in practice with focus on how the NHS structure can be a barrier or facilitator to PCP.

Both nursing and physiotherapy participants voiced their opinions on how the delivery of PCP is impacted by their work environment and these comments were clustered into four subthemes (see Table 5 below). These suggested that structures and cultures within and between services impact substantially on person-centred healthcare. When considering the structure of the service, people discussed impacts of insufficient staff and time, as well as resulting routines: 'it is so difficult in a hospital, hard with staffing pressure not to have a regimented routine;' "time is a big factor.' Others also commented on the culture of the service: 'PCC a product of wider culture of the organization, surely? Staff motivated and empowered to improve care will result in focus on pt' and 'PC care should frame everything from individual Rx choices for each pt, through to operational decisions by management.' The issue of continuity in care provision between services was described by a further participant: 'term patient indicative of start and stop of care, person has more of a flow and leads us to think beyond the walls of the hospital.' The need for NHS-wide change was described by one person who questioned 'how balance is achieved in a pathway/outcome/efficiency/quality driven NHS,' and another person who advocated the need for 'a political process of co-producing change' that filtered through to more operational levels of service design and delivery. These themes and the illustrative

quotations support the idea that people require person-centred cultures and systems to enable them to enact person-centred values in their daily practice.

→ Insert Table 5

#### Development of explanatory theory

The four themes outlined above show the perceptions of nurses and physiotherapists in relation to PCC. There were clear interactions between themes, particularly between the first and second themes. Between the participants, descriptions indicated that a focus on what matters to the patient, alongside negotiation to impact on their expectations of therapeutic relationships, will influence the quality of collaboration in that relationship. This is key to a positive journey where power is shared, the patient feels empowered and informed to collaborate in decision making and choices, affecting engagement. This positive scenario was described as supporting shared decision making and self-management as part of PCP. It was also clear through participants' contributions that this positive scenario requires the professional to focus on the person rather than the condition (theme 3) and service culture and structures that support the time, staff, flexibility and continuity required to support PCP. These interlinkages were summarised in a diagram presented in Figure 2, which is intended to help develop insights into key aspects of PCP, particularly when considering physiotherapy practice.

→ Insert Figure 2

## DISCUSSION

This study used a novel approach to gaining insight into nurses' and physiotherapists' perceptions of PCP, a topic which has received little attention in the physiotherapy literature. Analysis of the discussion has provided useful information about how people in two online communities view PCP and where differences in interpretation lie. As previously stated current

PCP frameworks exist however they come mainly from the nursing field. The results of this study provide a collaborative multi-disciplinary approach to develop insights into how PCP may be enacted in similar and different ways within physiotherapy contexts.

There was a lot of discussion of the need to prioritise what matters to the patient as core to PCP. When looking further into this, it appeared that nurses were more vocal about the importance of values and beliefs, while physiotherapists were frequently concerned what could be considered 'operational' aspects of empowering people to engage with decision making through information and education. Physiotherapists also tweeted frequently about who has the power in decision making, and influences on this. There was concern that some patients do not want to engage in decision making and that there may be links between this and empowerment. Another finding from physiotherapy tweets related to the possibility that a focus on the health condition, rather than on the person, may still prevail for some professionals, and that this may contribute to the complexities around power and may inhibit the development of positive, collaborative relationships that support engagement in care and self-management. The importance of culture and systems in supporting PCP was also emphasised by nurses and physiotherapists.

It is interesting that the theme which represented most tweets in the online discussion related to a focus on what matters to the patient. Dewing and McCormack (2016) state that one of the main challenges to the implementation of PCP across various healthcare settings is that person-centredness is often presented as difficult to define and thus often not defined or incompletely and poorly defined. They assert that person-centredness often ends up being defined by one or more of its more popular and appealing attributes such as "working with what matters to the patient". Clearly this is the concept that participants most related to in the tweetchat. It was interesting, however, that an area discussed more by physiotherapists suggested that some do not find the idea of focusing on the person easy to enact in practice. Historically physiotherapists used a biomedical model of healthcare, with a tendency to see intervention as correcting abnormalities and the healthcare provider as expert. This may still have a strong influence when considering the power dynamics of therapeutic relationships (Nicholls and

Gibson, 2010; Nicholls and Holmes, 2012). There has long been a tendency to fragment the body into system and compare body function with 'clinical norms (Marcum, 2004). Nicholls and Gibson (2010) argue that the historical need to establish physiotherapy as a legitimate profession, there has been a reduction of the complexities of health and illness to a fine set of biological principles, with a focus on evaluation of treatment using physical outcome measures (Mudge et al., 2014). Along with this comes a clear or subtle prioritisation of the physiotherapist's expert knowledge over that of the patient's perspective, with use of terminology such as compliance and adherence. These are not phrases that lend themselves to PCP, suggesting an aim of gaining the patient's agreement with the professional's plan. This theme shed light on continuing influences on how physiotherapists currently practice, supported by other literature (Gibson and Teachman, 2012; Rosewilliams et al., 2011; Schmitt et al., 2012). This contradiction between some physiotherapists' espoused values and their authentic lived values may be explained by lack of deep understanding of person-centred values for some, and cultural or structural barriers for others.

In our explanatory theory, the links that emerged from the data suggest that a less person-centred perspective may have negative impacts on the development of trusting, constructive and collaborative relationships where people are empowered and engaged in care processes. This has important implications for facilitation of self-management, which is required in many physiotherapy settings and interactions. Previous models and frameworks have frequently focused on medical or nursing professions, in acute or sub-acute contexts (Mead and Bower, 2000; Hobb, 2009; Morgan and Yoder, 2012). Consequently, they may not identify some of the important aspects of care that relate to support for people with long-term conditions, for example, frequently important in physiotherapy services.

There are several principles and ideas emerging from the tweetchat that are very consistent with existing frameworks. A conceptual framework published since our analysis was completed addresses the foundational principles needed to achieve PCP (Santana et al., 2018). This framework was based on existing literature and aimed to guide health-care systems and organisations to provide PCP in various healthcare settings. The framework consists of three

domains: Structural, Process and Outcome Domain. Although physiotherapy-specific literature will not have informed this framework, there are some key similarities with our results, such as developing a person-centred culture from an organisational level, communication and collaboration as key, respecting patients and engaging patients in their care. Our results also have particular resonance with domains of the Person-centred Practice Framework developed by McCormack and McCance (2016). These include the care environment and person-centred processes, where engagement, shared decision making, working with patients' values, supportive organisational systems and the sharing of power are all key.

It appears that there are many consistencies between current perceptions of PCP in an online physiotherapy community and existing frameworks (McCormack and McCance, 2016; Santana et al., 2018). Key additional insights from the tweetchat highlight risks to enactment of PCP among physiotherapists that are influenced by our historical emphasis on a more biomechanical approach. There is also an emphasis on education to empower, which help to illuminate the process of facilitating engagement in shared and informed decision making. Bench et al (2011) and Deacon (2012) found that patients wanted education and information as a key part of physiotherapy treatment and intervention. Lewis and Pignone (2009) found that in order to empower patients to be effective advocates for their health, it is imperative to have adequate information and understanding about their health conditions. Providing information appropriately is crucial to informed decision-making, and health literacy must be carefully considered in this. Education of patients is an important aspect of physiotherapy roles and the way in which this is enacted may be person-centred when focused on the person, their priorities, and on empowering them within a collaborative therapeutic relationship.

It is important to consider how best to use these insights; one approach might be to use our explanatory theory as a stage towards development of a physiotherapy-specific PCP framework. Kitson et al. (2013) conducted a narrative review of literature from health policy, medicine and nursing literature that related to PCP. They found that while similar sources were used, professional groups emphasised different elements of PCP which may hinder implementation. A better approach might be to use this thinking to elaborate on existing

frameworks and explore how the principles that aim to be applicable across settings may be enacted within each different setting. This may be a necessary process for all healthcare teams, contributing to a conscious exploration and development of culture change.

When considering the credibility of the study findings, it is important to consider that participants were all active participants in online social media communities. While this brought the potential for a valuable international dimension, most participants appeared to be based in the UK according to their public user profiles. They represented a wide range of healthcare settings, from acute hospital work to community and home settings, as well as an extensive range of practice experience. As the focus group occurred online in a public forum, some participants may have been cautious in expressing their thoughts; some tweets were also quite hard to interpret as the 140-character limit on tweet length could sometimes make them hard to understand. The focus group was large, with very quick progression of the discussion; sometimes it was difficult to follow conversations that were happening within the chat. During the tweetchat the conversation changed numerous times due to the number of participants responding “live” and the pre-set question guide. The position of one of the research team as “host” with expert knowledge of the topic is an important contextual consideration, with some questions posed to progress the discussion and extend the depth of participants’ thinking. The ‘sweepers’ on the other hand did not play a specific role in developing the discussion. The analysis team made good use of individual writing and group discussions to ensure reflexivity, enhancing credibility and thereby rigour of the findings.

## CONCLUSION

Nurses and physiotherapists both play a major role in healthcare delivery, and an insight into how PCP is perceived by both professions has provided valuable insights. Both have similarities and differences in the day-to-day implementation of PCP and both feel that more could be done to achieve this more broadly, including changes in attitudes to create person-centred

cultures within health. While the study has found that the concept of PCP is important and relevant to professionals, there still remains a struggle within the healthcare social media communities represented over its definition and translation into practice – more so within the physiotherapy context. Integrated and inter-professional working may facilitate this, but only if people can articulate what they believe PCP to be and come to common understandings within service transformation that enables such values-based discussion and professional development. An increased awareness of the influence of existing theoretical knowledge within physiotherapy practice, together with a desire to enhance therapeutic relationships, may help to support critical reflection and facilitate enactment of PCP. This suggests that there is still more work to be done at individual, organisational and strategic levels and continual programmes of culture change are necessary. Further research is needed to explore and develop PCP in different physiotherapy settings and to explore experiences and views of patients, people important to them, and interactions with the wider organizational and cultural contexts within which physiotherapists work.

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Table 1: Inclusion and exclusion criteria for tweets and counts.

Type of tweet	Definition and justification	Count
Inclusion criteria:		
Relevant	Tweets that related to the chat topic and topic guide	238
Exclusion criteria:		
Retweets	Forwarding / re-posting of a tweet by another user. As the meaning and purpose of retweeting is not clear, these were not analysed	93
Self-referential	Tweets that endorsed the tweetchat hashtag and called on others to participate in the tweetchat	40
Irrelevant	Some tweets were more social in purpose and did not relate to the chat topic; these were not analysed	71
Linking out	Tweets providing links to other resources for further research by participants; the purpose and content of this material would have been complex to analyse therefore they were not analysed	7
Duplicate	Tweets that appeared to have been posted more than once in error	7
Introductory and signing out	Some tweets included only comments relating to participants introducing themselves at the start of the chat and indicating that they were leaving the chat	12

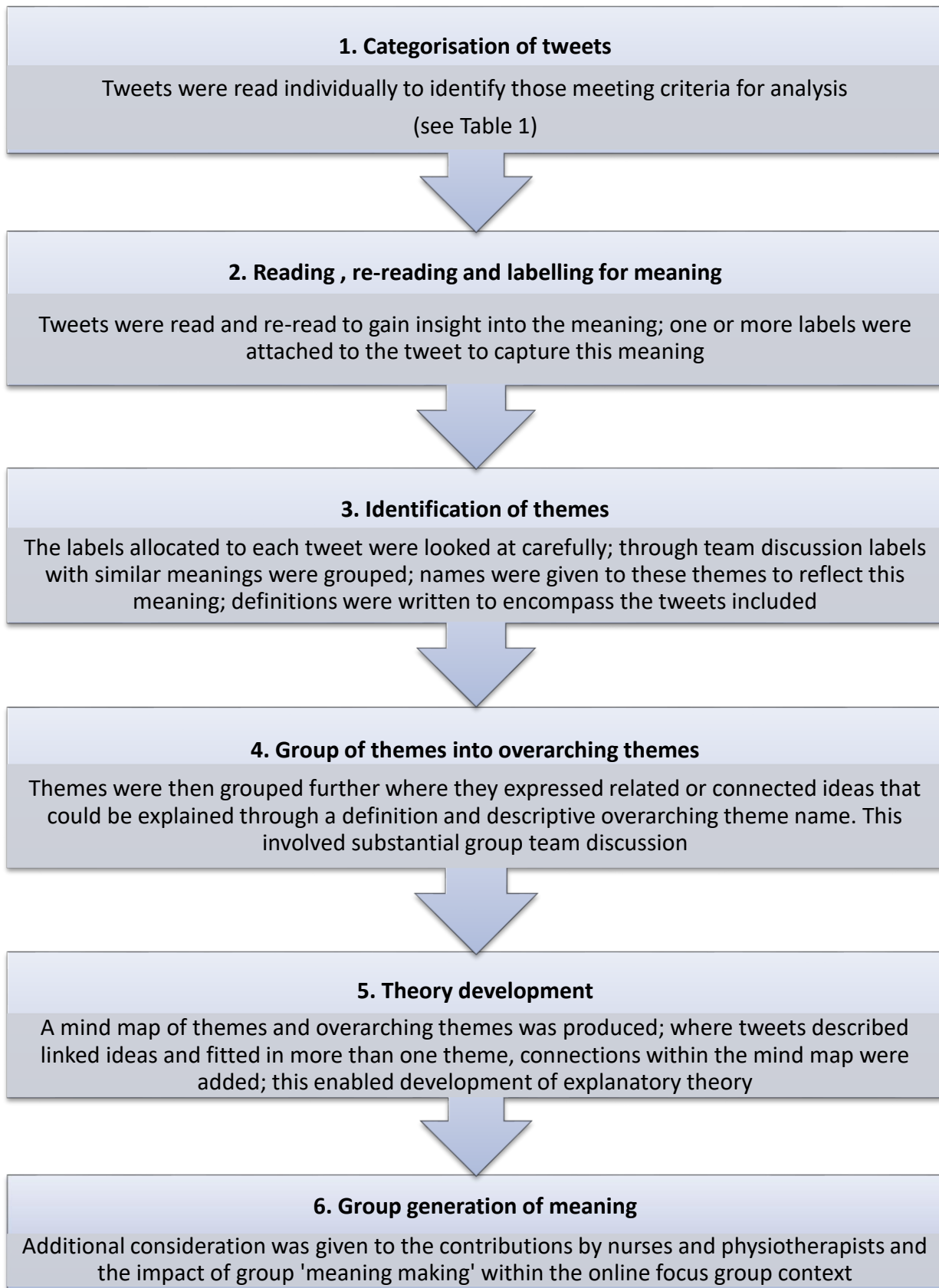


Figure 1: Flowchart describing qualitative data analysis process



Table 2. Overarching Theme 1: Relationship between professional and patient

Definition: <i>This theme discussed the therapeutic relationship and collaboration to identify a person's needs whilst upholding patients wishes.</i>		
Sub Themes and Descriptions	Nurse Tweet No.	Physio-therapist Tweet No.
1.1 Collaboration - <i>having shared priorities &amp; making decisions together, including family if patient wishes</i>	31, 39, 43, 46, 60, 65,	38,41,51,58,6 6,70,78,81,10
1.2 Finding out what matters to the person - <i>Knowing, being aware, learning about their values &amp; personal outcomes &amp; helping the patient make decisions based on what matters to them &amp; considering all aspects of their care</i>	67, 72, 86, 93, 120, 138, 152, 158, 209a, 230, 299, 317,	1,107,111,11 7,139,141,14 7,164,168,17 4,175,185,19 6,208,238,24
1.3 Informed decision making - <i>educating &amp; empowering patients to make their choices then seeking feedback regarding their choices</i>	321, 349, 355, 390, 403, 404, 432	3,253,257,27 7,310,316,33 0,347,352,37
1.4 Person-led practice - <i>person is at the centre of care and practitioner assists them in their goals</i>		6,380,392,39 4,449,458,
1.5 Respect - <i>Having respect for patient and their privacy</i>		478,

Table 3. Overarching Theme 2: Perceptions of who holds the power

Definition: <i>This theme discussed where the dynamics of power lies between patient and practitioner and the perspectives of who holds it.</i>		
Sub Themes and Descriptions	Nurse Tweet No.	Physio-therapist Tweet No.
2.1 Choices - <i>having the freedom to make choices throughout the journey</i>	61, 70, 76, 106	51, 55, 66, 78, 82, 96,
2.2 Patient on board/compliance/adherence - <i>practitioner deciding the treatment plan and convincing the patient to engage</i>		102, 107, 139, 196,
2.3 Locus of power & control - <i>who has the power to make the choices and who provides the choices</i>		214, 255, 263, 270,
2.4 Level of engagement - <i>How involved patients want to be in their care</i>		367, 368, 453,
2.5 Patient Expectations - <i>they either expect to make decisions themselves or expect the practitioner to make the decisions for them</i>		458, 471

Table 4. Overarching Theme 3: Treating the condition not the person

Definition: <i>This theme highlighted the divide between patient vs person-centred practice and how practitioners currently practice.</i>		
Sub Themes and Descriptions	Nurse Tweet No.	Physio-therapist Tweet No.
3.1 Focusing on what's the matter - <i>looking at the condition, rather than the person</i>	69, 106, 385, 401, 403, 451	51, 81, 94, 119, 128,
3.2 Healthcare plans - <i>having individualised &amp; tailored plans based on a selection of pre-existing treatment options</i>		143, 147, 255, 271,
3.3 Practitioner-led practice - <i>practitioner decides what is best for the patient</i>		378, 424, 425, 434,
3.4 Overprotection of patients - <i>practitioner taking away the patient's independence by doing everything for them leading to lack of self-management</i>		446, 466, 471, 504

Table 5. Overarching Theme 4: Impacts of organisational demands in healthcare delivery

Definition: <i>This theme emerged from discussion within the Twitter chat around the pressures impacting NMAHP's ability to deliver person-centred care.</i>		
Sub Themes and Descriptions	Nurse Tweet No.	Physio-therapist Tweet No.
<p>4.1 Continuation of care - <i>maintaining the standard of care in transition between hospital and community</i></p> <p>4.2 Service structure - <i>the impact of the structure of NHS on delivering PCP &amp; working together by way of co-production to improve this</i></p> <p>4.3 Time to care - <i>allocation of time per patient and number of patients on caseload</i></p> <p>4.4 Patient-centred culture, query shift from top down - <i>organisational shift needed towards a person-centred culture</i></p>	58, 67, 76, 86, 100, 122, 148, 209a, 262	82, 92, 94, 107, 119, 207, 238, 243, 253, 302, 393, 408

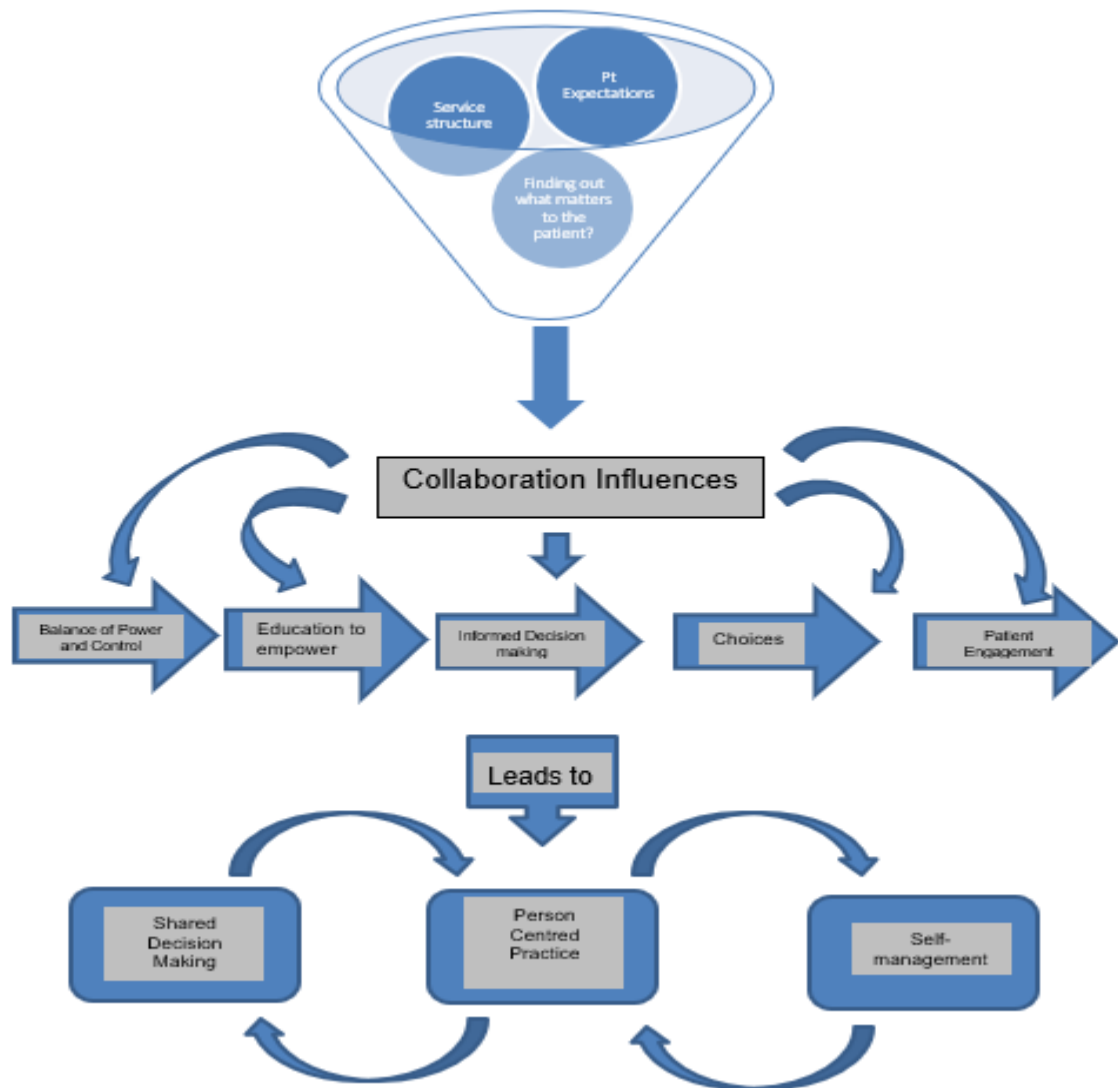


Figure 2 Explanatory theory relating to perceptions of person-centred practice among nurses and physiotherapists